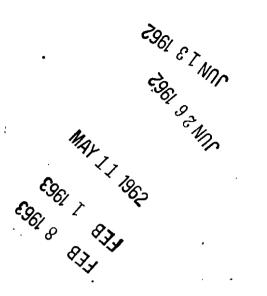
M	122OUR	ווּטו	vision of health – standard certificate of death –62-014057	*
		_	Registration District No. 12 Primary Registration District No. 3003 Registrar's No. 66 STATE FILE NUMBER	
DO NOT WRITE ON THIS STUB	AMENDE	D	FILED MAY 1 0 1962	
			1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before
VS 300	<u>a</u>	 	a. COUNTY Barry admiss Mo. b. COUNTY Barry admiss	ion)
Rev. 4/59	2		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b C. CITY OR Inside to	Limits
	AMENDED		TOWN Monett 27 yrs. TOWN Monett Yes 配	No 🗀
<u> 60055</u>	E		c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside of ADDRESS	n Farm
3055	DATE		NSTITUTION St. Vincent Hospital Yes 2 No□ 105 8th Street Yes □	No ₫
3			(Type or print)	(ear
			(Type or print) Anna Marie Widmeyer DEATH May 3, 196	i2
4 /			5. SEX 6. COLOR OR RACE 7. Married [Never Married [8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER	
5 2_			Female White Widowed Divorced 08/19/01 60 Months Days Hours	Min.
			10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT CO	UNTRY
6 <u>×</u>	<u> </u>		during House Wille, even if retired) Douglas County, Mo. USA	
7 6			13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	
<u> </u> [2	?			(ded
8 2	<u> </u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
94200 1		- 1	(Yes, no or unknown) (If yes, give war or dates of service No. Mrs. Charles Johnson - Monett,	
		Z	18. CAUSE OF DEATH (Enter only one cause per line fi	
10	ا ا یا د	ME	IMMEDIATE CAUSE (a) Willis chotic heart desert 27	سررا
11 8		DOCUMEN		
122-0	EAD FAD	2	Conditions, if any, DUE TO (b) Clew . (MUNO OCCUPS)	
	2 2		which gave rise to above cause (a),	
J32-0 F	= - -	— I	stating the under- lying cause last. DUE TO (c)	
	$\{\mid \ \mid \ \mid \ \mid$			iale war
ر ا			diffuse condition given HPART I (a) there a pregnancy in last there a pregnancy in last	
<u> </u> 5			Di Yes No D	Unknown
Z C		1	PART II. O'SER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH but Bet related to the terminal there a pregnancy in last there a pregnancy in last present the sea pres	3.)
- X				
v õl [≨]			20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
RIBBON	1111		204 INJURY OCCURRED 20e, PLACE OF INJURY (e.g., in or about home, 20f, CITY, TOWN, OR LOCATION COUNTY S	STATE
			WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK	_
S K H	8	{	3-15-54 5-3-62 (ho) 5-2-6	2
ᆲᇰᄩ			21. I attended the deceased from	
USE			Death occurred in m on the date stated above, and to the best of my knowledge, from the causes stated	
USE BLACH OR TYPEWRITER	SHOULD READ	Ö	226. SIGNATURE (Degree or titl) 22b. ADDRESS 22c. DATI	E SIGNED
F	S	Z X	23a. BORIAL CREMATION, ESS. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, flown, or country) (State	-64
	o S	AFFIDAVIT	DEMOVAL VE-ALL	,
	Z	뜐	Burial 5/6/62 IOOF Cometery Monett, Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAP'S SIGNATURE / /	
	ITEM	ž	51/ 2/ 2/	
l	1-11	121		
			(Licensed Embalmer's Statement on Reverse Side)	



STATEMENT BY LICENSED EMBALMER

I hereby certify that th	ne body whose name is	recorded on the reverse side of this	certificate was embalmed by me,
or by		, Stud	ent Embalmer No
working under my personal su	pervision.	100	7 1
Student		Signed	rehman
Signatura of S	tudent Embalmer	Licensed I	Embalmer No. 3179
		,	ress Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.